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CONFIRMATION NO. 8468

SERIAL NUMBER 10/754,174	FILING OR 371(c) DATE 01/09/2004 RULE	CLASS 600	GROUP ART UNIT 3735	ATTORNEY DOCKET NO. PARCR 66327						
APPLICANTS Lilip Lau, Los Altos, CA; William Hartigan, Fremont, CA; Anuja Patel, Sunnyvale, CA;										
** CONTINUING DATA *****										
** FOREIGN APPLICATIONS *****										
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/13/2004										
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged Examiner's Signature _____ Initials _____	STATE OR COUNTRY CA	SHEETS DRAWING 27	TOTAL CLAIMS 27	INDEPENDENT CLAIMS 4						
ADDRESS 24201										
TITLE DEVICE FOR TREATING HEART FAILURE										
FILING FEE RECEIVED 491	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: <table border="1"> <tr> <td><input type="checkbox"/> All Fees</td> </tr> <tr> <td><input type="checkbox"/> 1.16 Fees (Filing)</td> </tr> <tr> <td><input type="checkbox"/> 1.17 Fees (Processing Ext. of time)</td> </tr> <tr> <td><input type="checkbox"/> 1.18 Fees (Issue)</td> </tr> <tr> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td><input type="checkbox"/> Credit</td> </tr> </table>				<input type="checkbox"/> All Fees	<input type="checkbox"/> 1.16 Fees (Filing)	<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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